

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107088343

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		①		1			54						
5	1		1				55						
6		1		1			56						
7		2		1			57						
8		②①		1			58						
9		①		1			59						
10		①		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14		①		1			64						
15		①		1			65						
16		①		1			66						
17		①		1			67						
18		①		1			68						
19				1			69						
20				1			70						
21							71						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
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